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## BIB DATA SHEET

CONFIRMATION NO. 6688

|  |   |  |   |  |                           |                                |
|--|---|--|---|--|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/691,762   | <b>FILING or 371(c) DATE</b><br>10/23/2003<br><b>RULE</b>   | <b>CLASS</b><br>715                                      | <b>GROUP ART UNIT</b><br>3626   | <b>ATTORNEY DOCKET NO.</b><br>DOMINION 2 |                           |                                |
| <b>APPLICANTS</b><br>John Lawrence Colley, Richmond, VA;<br>Ronald Hampton Bargatze, Richmond, VA;<br>Timothy Gerard O'Shea, Richmond, VA;<br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/429,290 11/26/2002<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>01/23/2004 |   |  |   |  |                           |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/VALERIE LUBIN/</u><br>Examiner's Signature   |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>VA   | <b>SHEETS DRAWINGS</b><br>0              | <b>TOTAL CLAIMS</b><br>17 | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>Thomas, Raring, & Teague, P.C.<br>536 GRANITE AVENUE<br>RICHMOND, VA 23226<br>UNITED STATES  |   |  |   |  |                           |                                |
| <b>TITLE</b><br>Method for health plan management  |   |  |   |  |                           |                                |
| <b>FILING FEE RECEIVED</b><br>385  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                           |                                |